

S1. Unit costs questionnaire

RESCUING ECONOMIC FORM

In the questionnaire below we ask for the unit costs of health care resources and services for the diagnosis, treatment and supportive care related to the management of cUTI. This information will allow us to estimate the cost per case as well as the total national burden of cUTI in your country. The questionnaire allows you to save the information already entered and to continue later. By using the same URL/web address, you will be able to continue where you left off.

What is the monetary unit you report in this form?

☐ Euro

☐ Other: _____

Hospital stays and visits

Please provide the unit cost per hospital stay day and outpatient visit in your hospital. Ideally we request the cost specifically among patients with cUTI (for example, the average cost among patients with discharge codes related to cUTI, e.g. ICD-9 CM Codes 590.1, 590.10, 590.11, 590.2, 590.8, 590.80, 590.9, 595.0, 595.89, 595.9, 599.0). If you are unable to provide the unit cost specifically for cUTI patients, please provide the average unit cost for the speciality that cUTI patients are treated in in your hospital (e.g., one of urology, gynaecology, general medicine). If costs are not available by specialty then please provide the average unit costs data across all patients in your hospital. Please specify the details of the data you are providing, such as the patients' ICD codes you used to compute the unit costs or whether the values are related to all types of patients.

Please fill in the table with the costs at your hospital even if you do not have data specifically for cUTI patients; it will be very useful for us, provided you explain in the Details section what these costs refer to.

	Cost per day/visit	Details
Hospital stay per diem in general ward		
Hospital stay per diem in ICU		
Outpatient hospital visit		

Procedures

Please provide the unit costs of the following procedures in your hospital. Next to each procedure we indicate the ICD9-CM procedures codes to make it simpler for you to identify the procedures we are interested in. Please specify the details of the data you are providing, such as the ICD9 codes or the specific name of the procedure you are providing data for.

If you have more than one cost for each procedure please provide the mean, ideally based on the proportion of patients receiving each procedure.

Procedure [ICD9-CM code]	Cost per procedure	Details
Urine culture [9132]		
Dipstick analysis [9139]		
Urinary sediment analysis [9133]		
Gram stain test [9131]		
Blood culture [9052]		

Abdominal Ultrasonography [8876]		
CT Scan [9218, 9219]		
Pyelography [8773, 8774, 8775]		
MRI scan [8895]		
Insertion of an indwelling bladder-catheter [5794]		
Percutaneous nephrostomy [5503, 5504]		
Insertion of JJ-stent [598]		
Abscess drainage [472, 5491]		
Nephrectomy [5501, 5502]		
	Cost per day	Details
Invasive mechanical ventilation [9670, 9671, 9672]		
Dialysis/Renal replacement therapy [3995, 5498]		

Antibiotic therapy

Please provide for the antibiotic therapies listed below the unit cost per dose and specify the relevant dose. Please respond only for the antibiotics used in your hospital, and if there are other antibiotics used frequently in your hospital which are not included in this list, please add them in the space provided.

Antibiotic (intravenous (IV)/oral administration)	Dose	Cost per dose
AMIKACIN (IV)	500 mg	
AMOXICILLIN (oral)	500 mg	
AMOXICILLIN (oral)	750 mg	
AMOXICILLIN (ORAL)	1000 MG	

AMOXICILLIN/CLAVULANIC ACID (IV)	1000/200 mg	
AMOXICILLIN/CLAVULANIC ACID (oral)	500/125 mg	
AMOXICILLIN/CLAVULANIC ACID (oral)	875/125 mg	
AMPICILLIN (IV)	1000 mg	
CEFIXIME (oral)	400 mg	
CEFIXIME (oral)	200 mg	
CEFTAZIDIME (IV)	2000 mg	
CEFTRIAXONE (IV)	1000 mg	
CEFUROXIME (IV)	750 mg	
CEFUROXIME (oral)	500 mg	
CEFUROXIME (oral)	250 mg	
CIPROFLOXACIN (oral)	500 mg	
CIPROFLOXACIN (oral)	750 mg	
CIPROFLOXACIN (IV)	200 mg	
COLISTIN (IV)	1 MUI	
CO-TRIMOXAZOL (oral)	400/80 mg	
CO-TRIMOXAZOLE (IV)	800/160 mg	
CO-TRIMOXAZOLE (IV)	400/80 mg	
CO-TRIMOXAZOLE (oral)	800/160 mg	
DAPTOMYCIN	500 mg	
ERTAPENEM (IV)	1000 mg	
FOSFOMYCIN (IV)	1000 mg	
FOSFOMYCIN (IV)	4000 mg	
FOSFOMYCIN (oral)	500 mg	
FOSFOMYCIN TROMETANOL (oral)	3000 mg	
FOSFOMYCIN TROMETANOL (oral)	2000 mg	
GENTAMICIN	240 mg	
IMIPENEM-CILASTATIN (IV)	500/500 mg	
LEVOFLOXACIN (IV)	500 mg	

LEVOFLOXACIN (oral)	500 mg	
LINEZOLID (IV)	600 mg	
LINEZOLID (oral)	600 mg	
MEROPENEM (IV)	1000 mg	
METRONIDAZOLE (IV)	500 mg	
METRONIDAZOLE (oral)	250 mg	
NITROFURANTOIN (oral)	100	
PIPERACILLIN + TAZOBACTAM (IV)	4000/500 mg	
PIPERACILLIN + TAZOBACTAM (IV)	3000/375 mg	
TEICOPLANIN (IV)	400 mg	
TRIMETHOPRIM	160 mg	
VANCOMYCIN (IV)	500 mg	
Name antibiotic 1		
Name antibiotic 2		
Name antibiotic 3		
Name antibiotic 4		
Name antibiotic 5		

Thank you for filling in this questionnaire.